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Mail FR-10 to: Office of Financial Responsibility
SC Department of Public Safety
PO Box 1498, Columbia, SC 29216

SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
FR-10 (REV. 01/01)
NOTICE OF REQUIREMENT



Date	Time	County	1- Interstate 4- Secondary 2- US Primary 5- County 3- SC Primary	Collision Location (Rt. # / Name)	0-Main line 6-Connection 2-Alternate 7-Business 5-Spur	Miles:	Dir. N E S W	In / Near City or Town of:
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To Vehicle Owner/Operator: Failure to comply could result in appropriate action under 56-10-270 and 56-10-20 of the 1976 code of laws of S.C. as amended, if vehicle subject to registration in S.C., and upon conviction thereof, the Department must suspend your driving and/or registration privileges until all compliances have been met under the above sections of law.

N-267436	Driver/Pedestrian's Full Name	N-267437	Driver/Pedestrian's Full Name
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Unit #	Sex	Race	Street/R.F.D.	Unit #	Sex	Race	Street/R.F.D.
Birth Date		City, State, & Zip		Birth Date		City, State, & Zip	
State	Driver's License #		Insurance Company	State	Driver's License #		Insurance Company
Year	Body	Vehicle Make	VIN #	Year	Body	Vehicle Make	VIN #
State	Year	License Plate #	Owner's D.L. #	State	Year	License Plate #	Owner's D.L. #
Home Telephone ()		Owner's Full Name					
Bus. Telephone ()		Street/R.F.D.					
Contributed To Collision Yes No		City, State, & Zip					

N-267438	Driver/Pedestrian's Full Name	State	Year	License Plate #	Owner's D.L. #
Unit #	Sex	Race	Street/R.F.D.	Home Telephone ()	Owner's Full Name
Birth Date		City, State, & Zip		Bus. Telephone ()	Street/R.F.D.
State	Driver's License #		Insurance Company	Contributed To Collision Yes No	
Year	Body	Vehicle Make	VIN #	City, State, & Zip	

All Units Insurance Information
(to be completed by Investigating Officer)

Accident Insurance Information for Unit #		Accident Insurance Information for Unit #	
Company Name	Area Code/Phone Number ()	Company Name	Area Code/Phone Number ()
Agency Name	Policy Number	Agency Name	Policy Number

Insurance Information

Notice of Requirement Accepted	Signature	Y N Refused to Affix Signature?	Y N Vehicle Subject to Registration in SC?
To Be Completed By Insurance Agency, Broker, Or Other Company Representative		The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed into the above mentioned insurance as I have listed herein.	
Reference to Unit #: _____, I hereby affirm that to the best of my knowledge the vehicle described above was insured by the below stated Insurance company on the date of the collision.			
Insurance Company	Policy #:	Signature	Title
Beginning Date:	Ending Date:	Policy Holder:	NAIC# (Assigned by S.C. Dept. of Ins.)
		Bus. Telephone ()	

Notice: Failure to have this form completed by your insurance broker, agent, or representative and returned to the South Carolina Department of Public Safety within 15 days may result in suspension of your driving and/or registration privileges.

If any of the below are applicable, disregard the above portion.

Check here if a Form SR-23, Fleet Policy of 25 or more vehicles is on file with the Department covering the vehicle.	Form FR-10 Not Issued: Section 56-10-270 56-10-520						
Check here if a certificate of self-insurance has been issued by the Department covering the vehicle and indicate the certificate number: SI - _____	No FR-10 Issued to Operator/ Owner of Unit #: _____						
Check here if liability insurance was not in effect to comply with South Carolina statutory requirements.	Summons Issued to: _____						
Signature	Summons Number: _____						
Date	For operating or allowing the operation of an uninsured vehicle						
Investigating Officer's Name	Rank	Badge #	Code	Date	Reviewer's Name	Rank	Internal Agency Code

